

**DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES (OCDD)**

NEW OPPORTUNITIES WAIVER (NOW)

Individual/Family Decision Form

☐ **YES**, I would like for my name to remain on the Request for Services Registry with the date that I originally requested services through the NOW (protected date). I would like to participate in the NOW and move to a home in the community to receive comprehensive services and supports as soon as a waiver opportunity becomes available.

☐ **NO (Inactive)** I am not interested in receiving services and supports from the NOW **at this time**. Please put my name in *inactive* status on the registry. I understand that I must contact OCDD and submit a written request to change my status to *active*. My name will be placed on the *active* registry with my original request date (protected date) to receive services and supports from the NOW when a waiver opportunity becomes available.

☐ **NO (Remove)** I am not interested in receiving services and supports through the New Opportunities Waiver. Please remove my name from the Request for Services Registry. I understand that if I want to receive services and supports through the NOW in the future, it is my responsibility to contact OCDD and ask that my name be placed on the Registry with a **new and later** request date **and my original request date will no longer be used**.

By signing below, I confirm that during the validation visit, the Request for Services Registry and supports and services provided through the NOW have been explained to me and my family/legal guardian. We have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I understand all of the information that has been presented to me and have made the decision based on that information. I further attest that this decision was made freely, on my own without duress. Upon signing this form, I will be given a duplicate form with the same information and signatures to keep in my record for reference.

Individual's name: _____
(please print)

Date of birth: _____

Individual's social security number: _____

Signature of individual: _____ Date of signature: _____

Name of person assisting individual in completing this form: _____
(please print)

Relationship to individual: _____ Signature: _____
(family member/legal guardian) (family member/legal guardian)

Name of witness: _____ Signature of witness: _____
(non-family member/legal guardian)

Date of signature: _____

For Office Use Only

Date of validation visit: _____

Person conducting validation visit: _____ Agency: _____

Phone number: _____ Email address: _____